



Official Nomination to the STATE CHAPTER

OF: _____

This nomination is for:

- Lifetime Service to Wrestling
- Medal of Courage
- Outstanding American from the
State of _____

Name of Candidate: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

D.O.B _____ Place _____ If deceased, Date of Death _____

Home phone () _____ Daytime phone () _____

Spouses Name: _____ Children's Names/ Ages: _____

Current Profession: _____

Position: _____ Company/School: _____

Retired from Coaching (Year): _____

SUMMARY OF ACHIEVEMENTS

College Attended: _____ State: _____ Yr of Graduation: _____

Years competed: _____ Total W-L Record: _____

List Special Honors Earned: _____

WRESTLING CAREER HISTORY

1. **Lifetime Service Nominees only.** List coaching, officiating, or other contributions to wrestling during your career (include dates):

2. **Lifetime Service Nomination:** list Significant Coaching/Other Accomplishments (include titles, W-L records, names of successful wrestlers coached, etc.)

Outstanding American or Medal of Courage nominations: list professional accomplishments.
All Include year and list in chronological order:

3. **All nominations should** List any wrestling association/public service organizations you currently support:

4. **Outstanding American & Medal of Courage nominations** list awards, honors, and recognition previously received for you involvement in wrestling (include dates):

5. List any additional information concerning your career highlights/interests not requested above:

Use this space to expand on any topics listed above:

Has nominee ever been convicted of a Felony? _____ Yes _____ No

The following items must accompany this nomination:

- ✓ **A letter over your signature telling why the nominee is a valid candidate for election**
- ✓ **A detailed resume of the candidate’s personal history and qualifications**
- ✓ **A minimum of three letters of character reference and support of the nomination**
- ✓ **Further documentation (copies of articles, tributes, etc.) is welcome**

Print name of person making nomination _____ Date _____

_____ (_____) _____
Mailing Address Telephone

**Mail completed form and documentation to:
NWHOF, PA Chapter c/o Tom Elling • 220 South Fairview St. • Lock Haven, PA 17745**